



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)	Weadock et al.	Examiner:	Prebilic, Paul
Serial No.:	09/391,762	Group Art Unit:	3738
Confirmation No.:	9047	Docket:	760-115 RES
Filed:	September 8, 1999	Dated:	April 21, 2004
For:	TUBULAR EXPANDED POLYTETRAFLUORO- ETHYLENE IMPLANTABLE PROSTHESES		

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

*I hereby certify this correspondence is being deposited with
the United States Postal Service as first class mail, postpaid
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P.O. Box 1450, Alexandria, Virginia 22313-1450*

IPF On April 21, 2004

Signed: K.J. Goodhand/ K.J. Goodhand

AMENDMENT AND RESPONSE TO OFFICE ACTION

Sir:

In response to the office action mailed on November 21, 2003, a reply to which is due with a two-month extension of time on April 21, 2004, please consider the following amendments and remarks. This Amendment and Response to Office Action is accompanied by a petition and fee for a two-month extension.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.

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01 FC:1202
02 FC:1201

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86.00 OP

AMENDMENT TRANSMITTAL LETTER (Large Entity)

Docket No.

760-115 RES

Applicant(s): Weadock, et al.

Serial No.

09/391,762

Filing Date

September 8, 1999

Examiner

P. Prebilic

Group Art Unit

3738

Invention: **TUBULAR EXPANDED POLYTETRAFLUOROETHYLENE IMPLANTABLE PROSTHESES**

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	28 -	20 =	8 x	\$18.00	\$144.00
INDEP. CLAIMS	4 -	3 =	1 x	\$86.00	\$86.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$230.00

- ☐ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☒ A check in the amount of \$230.00 to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 08-2461
 - ☒ Any additional filing fees required under 37 C.F.R. 1.16.
 - ☒ Any patent application processing fees under 37 CFR 1.17.

Andrea Wilkovich
Signature

Dated: April 21, 2004

Andrea M. Wilkovich
Reg. No. 53,773

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I certify that this document and fee is being deposited on 04/21/2004 with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

K.J. Goodhand

Signature of Person Mailing Correspondence

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